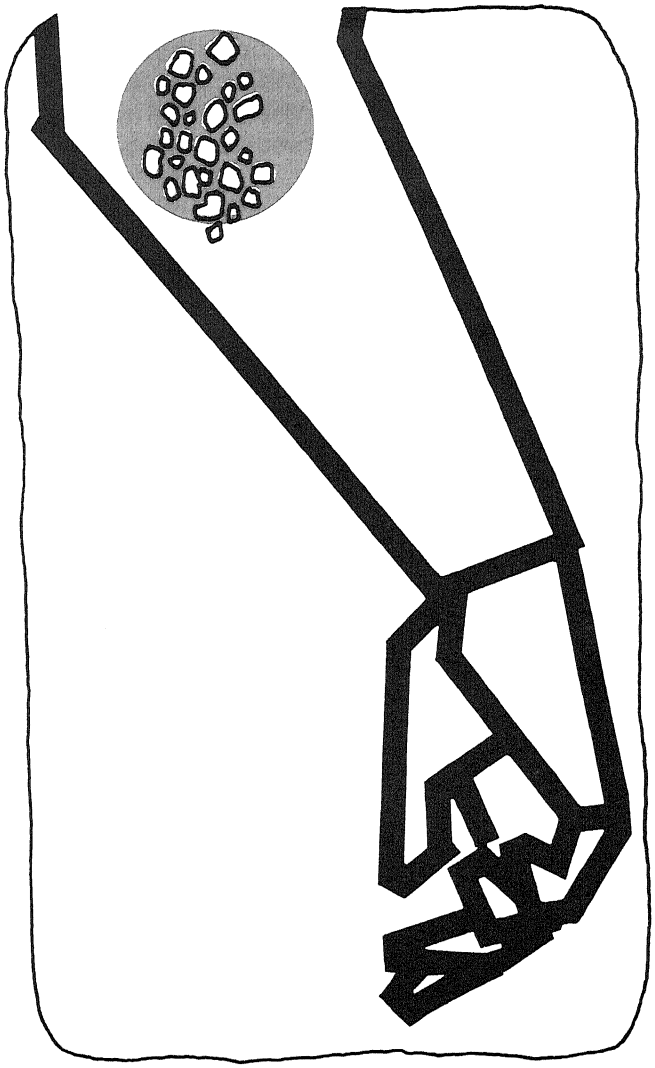
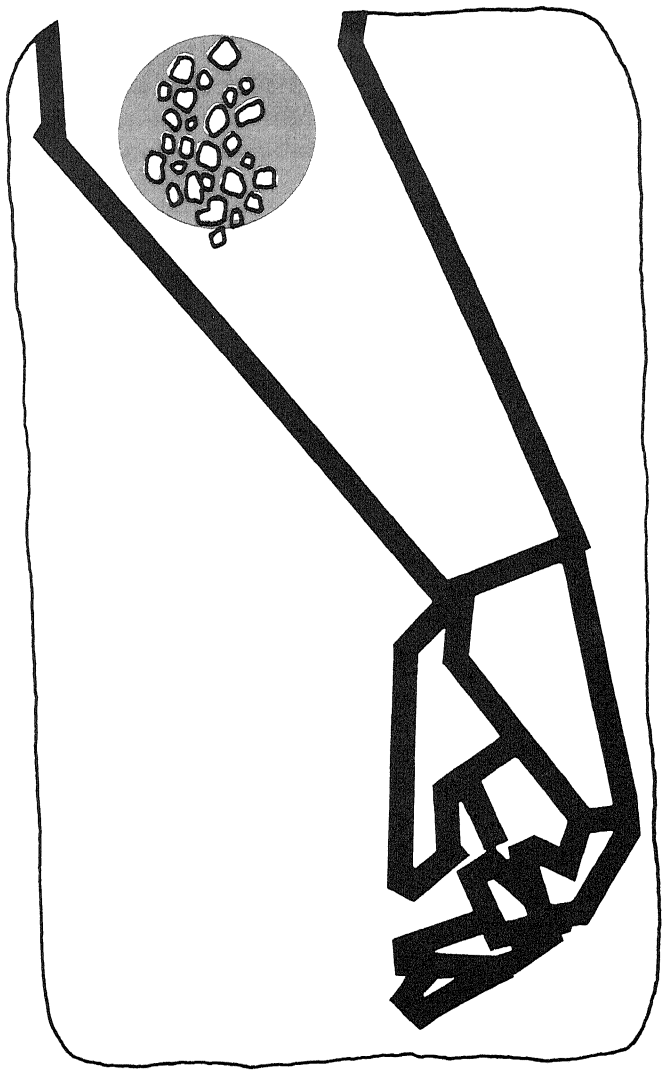


WHAT IS PSORIASIS?

Psoriasis is a fairly common skin disease characterized by thickened, reddish patches of skin covered with heavy, whitish scales. Although not painful, the scaly sores may be disfiguring and a source of mental anguish.

Normally the outer layer of skin, or epidermis, reproduces itself about once a month. As new cells form, the old surface skin is shed unobtrusively in the form of tiny flakes. In psoriatic skin, however, production of new cells is



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speeded up and the diseased skin rep
itself every 3 or 4 days. This faster
produces imperfectly formed cells wh
shed from the diseased areas in large n
thus accounting for the asbestos-like s
the disease.

This abnormal process does not allov
formation of normal protective surface l
skin—layers which usually act as a
against the environment, and which
loss of vital tissue substances through t
Lack of this protective barrier further
ages the formation and shedding of
scales, which may lead to cracking of
and bacterial infection.

WHAT CAUSES IT?

The cause of psoriasis is unknown.
some evidence that the disease may be
tary, but this has not yet been proven
sively. Body chemistry disturbances ha
suspected, possibly acting as trigger
nisms in persons whose inherited trai
them more susceptible to the disease
is also the influence of hormones, si
disease will often clear temporarily d
pregnancy. It is also well known that
of emotional disturbances or stress wi
vate psoriasis.

in this country. Some 150,000 new cases occur annually and 2 to 8 percent of all patients with skin diseases are believed to have psoriasis. Accurate statistics are difficult to obtain, however, because many discouraged patients with this skin disorder forsake medical treatment when, as often happens, immediate improvement does not occur.

WHAT ARE ITS SYMPTOMS?

Psoriasis usually begins gradually, but may come on suddenly, and the individual's general health rarely is affected. Small bright red spots appear—often on the scalp, the elbows or knees, or the lower part of the back, although any part of the skin surface may be affected. The initial spots may be only pinhead size. Soon, the affected area may be covered with sticky-dry scales in thin layers which, when peeled off, reveal a smooth moist surface studded with tiny bleeding points. The spots may increase in size and may combine to form larger and larger patches, some of which produce irregular, sometimes bizarre, patterns as they spread.

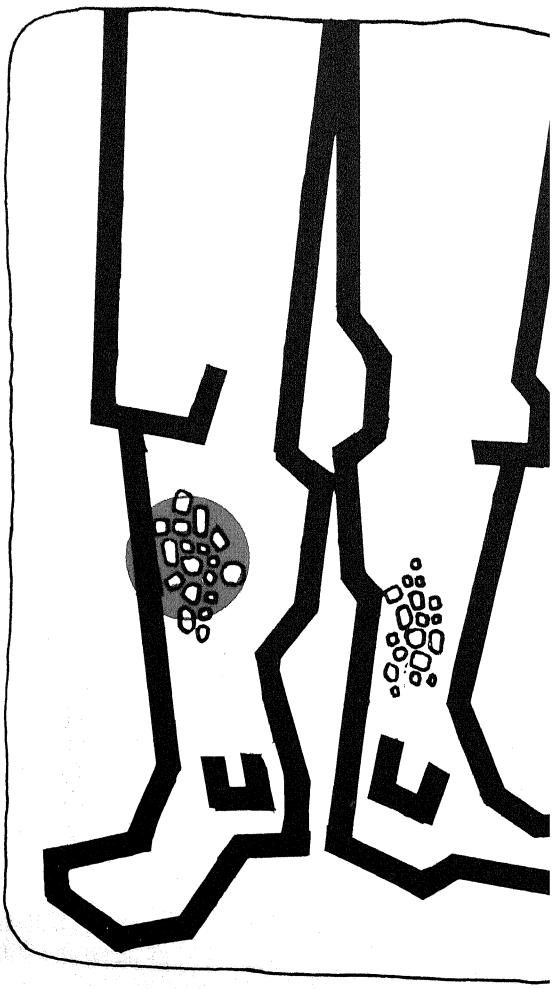
Affected spots often appear at the exact site of a minor injury to the skin, such as a cut, burn or bruise. Attacks may be mild or severe, and the sores may clear up or recur abruptly for no apparent reason. One of the more usual and unfortunate features of the disease, however, is its frequent recurrence throughout lifetime. In many instances, the disease improves in the summer months following exposure to sunlight and recurs in the winter, sometimes with renewed vigor. A few cases, however, will worsen in the summer, a fact which further complicates the search for the cause of psoriasis.

Affected spots on the face are usually small and are not generally located near the ears, eyes, mouth or nose. The nails may sometimes show changes in the form of speckling, punctures and depressions.

Arthritis is a relatively common complication with psoriasis, affecting 8 to 10 of every 100

patients. Sometimes the joint and skir
toms appear together, but usually the a
follows a long-standing case of psoria
affects the joints of the fingers as
other joints of the body. The relat
between the two diseases is not yet
understood.

Psoriasis is not always easy to diagno
may be confused with several other sk
orders. Some people have been known t
themselves for psoriasis over a period
when, in fact, they were suffering from a



ailment that required an entirely different treatment. **Diagnosis and treatment of psoriasis should be left to a physician.**

HOW IS IT TREATED?

Although no cure now exists for psoriasis, many beneficial treatments are available. The method of treatment depends on the area of the body that is affected, the stage of development of the disease, and the response to medication. Modern therapy strives to slow down the rapid growth of cells characteristic of psoriasis in order to allow time for a protective layer of skin to form.

The simplest forms of treatment are advisable initially. Physicians often recommend daily removal of scales with soap and water, followed by application of Vaseline or another lubricant. Mild cases of psoriasis which develop rapidly also often heal rapidly, although the condition may worsen without proper care.

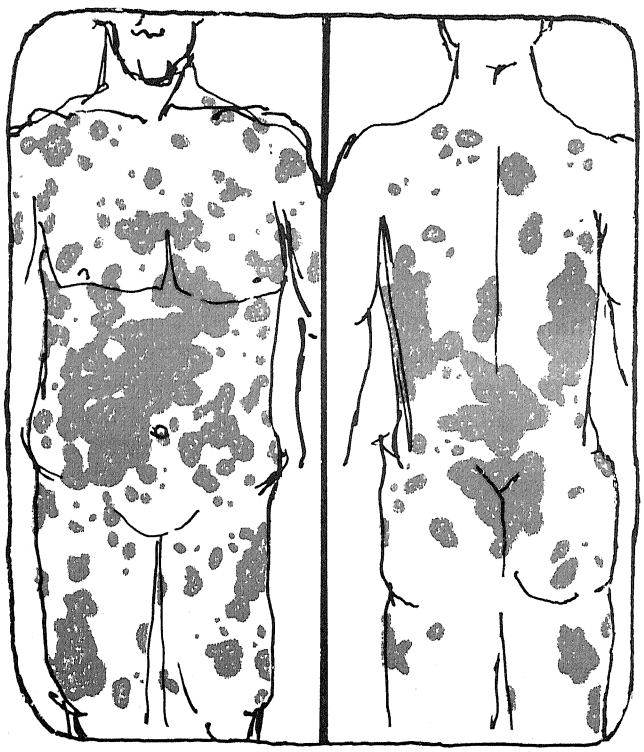
When the scalp is affected a solution containing sulfur and salicylic acid or a tar compound may be applied daily, and the hair may require shampooing several times each week. Salicylic acid aids in removing the scales, while sulfur and tar are believed to promote healing.

When more intensive treatment is n
of the safest and most satisfactor
one that has been used for man
bination of coal tar ointment
radiation. This form of t
for patients in whom l
affected, may best be
over a period of se
most effective.

Significant progress in the treatment of advanced psoriasis has been achieved in recent years through local applications or local injection of steroid drugs. In the former method the drugs are applied in the form of creams or ointments and then covered with a plastic film for 1 or 2 days. Equally beneficial results have

been obtained by injecting steroid drug preparations, notably triamcinolone, into the site of the affected spots.

Two types of drugs taken by mouth are effective in treating extensive, persistent psoriasis; the steroids, particularly prednisone, and certain antimetabolic drugs, notably methotrexate. These drugs are methods of last resort and only for severe disease, however, as they are potentially dangerous when taken by mouth and, all too often, a severe flare-up of the disease occurs



are discontinued.

diligent use of medication most cases
s can be effectively controlled. Many
ith mild forms of the disease, how-
ot take the time necessary to carry
uired treatment procedures. A more
se of psoriasis may actually respond
treatment because the patient works
reating it. Clearing is usually incom-
the disease sometimes disappears
months and even years. More often,
he fact that psoriasis comes and goes
ls makes it an undesired companion

S BEING DONE ABOUT IT?

nent responsibility for psoriasis re-
s largely with the National Institute
is and Metabolic Diseases, one of
al Institutes of Health in Bethesda,
. In seeking the cause of this skin
scientists in Bethesda and scientists
l by the Institute throughout the
re concentrating on study of the
aspects of psoriasis by pinpointing
s in the skin of normal individuals
with psoriasis.